

FILED MAY 12 1944

Registration District No. **121944**

Primary Registration District No. **5919**

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Lithium, Mo. Salem Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **32yr.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Louisa Kohm**

3. (b) If veteran, name war

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Peter J. Kohm** 6. (c) Age of husband or wife if alive years **15** 1884

7. Birth date of deceased **Feb. 15** (Month) (Day) (Year)

8. AGE: Years **60** Months **8** Days **5** If less than one day hr. min.

9. Birthplace **Freidenburg Mo. 0** (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **John Wagner**

13. Birthplace **Germany 4** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **7** (City, town, or county) (State or foreign country)

16. (a) Informant **Viola M. Kohm**

(b) Address **2151 East Warne**

17. (a) **Burial** (b) Date thereof **4--24-44** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lithium Mo.**

18. (a) Signature of funeral director **Young & Sons**

(b) Address **Perryville Mo**

19. (a) **4-21-44** (b) **Thos J. Elder** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(c) City or town **Lithium, Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. **no** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **20** year **1944** hour **7** minute **p** M.

21. I hereby certify that I attended the deceased from **1940** to **Apr 4** 19**44** that I last saw **her** alive on **Apr 4** and that death occurred on the date and hour stated above.

Immediate cause of death **Paralysis of respiration**
Cerebral Hemorrhage 3 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Thos J. Elder** (M. D. or other)

Address **Perryville** Date signed **4-24-44**

RECEIVED

District Health Officer No. 4
District File Number 544-381
Date Filed 5-10-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.